

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

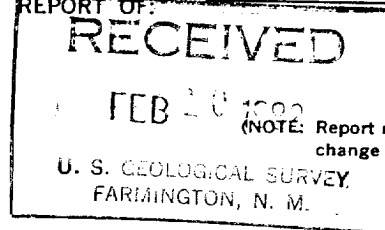
1. oil ☐ well gas ☒ well other
2. NAME OF OPERATOR
M. R. SCHALK
3. ADDRESS OF OPERATOR
P O BOX 25825/Albuquerque, NM 87125
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FSL; 1540' FEL; Sec. 12
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) SET SURFACE CASING ☒

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☒



5. LEASE
I-149-IND-8182
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NAVAJO
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
CHARLES HOSH
9. WELL NO.
1E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-27N, R-13W
12. COUNTY OR PARISH
SAN JUAN
13. STATE
NEW MEXICO
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5794' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

CIRCULATED TO SURFACE

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Steve Schalk

TITLE Agent

DATE 2/8/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD
FEB 16 1982
BY Elliot
FARMINGTON DISTRICT